


Entered 07/14/00 - dp
CL 98L0242 - GWENDOLYN BURNS

CLAIM OF: TONY LEON ANDREWS
through his attorney
CHARLES MUSKETT
1103 Cleveland Avenue
Atlanta, Georgia 30344

For damages alleged to have been sustained as a
result of a vehicular accident on September 29,
1997 at Ellenwood Avenue and Brag Street. NE.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 98L0242

Date: July 18, 2000

Claimant /Victim TONY L. ANDREWS
BY: (Atty) (Ins. Co.) CHARLES MUSKETT, Attorney at Law
Address: 1103 Cleveland Avenue, Atlanta, Georgia 30344
Subrogation: Claim for Property damage \$ 270.00 Bodily Injury \$
Date of Notice: 3/27/98 Method: Written, Proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 9/29/97 Place: Ellenwood Avenue & Brag Street, NE
Department POLICE Division
Employee involved Donald Weaver Disciplinary Action:

NATURE OF CLAIM: Claimant alleges that he sustained bodily injury as a passenger in a vehicle that was struck by a City police vehicle. However, claimant has failed to pursue his claim.


INVESTIGATION:

Statements: City employee Claimant Others Written Oral
Pictures Diagrams Reports: Police X Dept Report Other X
Traffic citations issued: City Driver Claimant Driver
Citation disposition: City Driver Claimant Driver

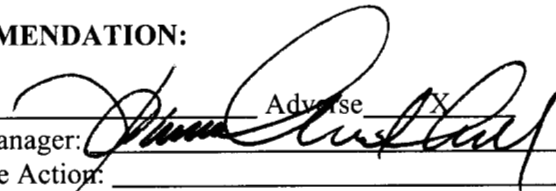
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial
Improper Notice More than Six Months Other X Damages reasonable
City not involved Offer rejected Compromise settlement
Repair/replacement by Ins. Co. Repair/replacement by City Forces
Claimant Negligent City Negligent Joint Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ Advise X Account charged: 1A01 2J01 2H01
Claims Manager:  Concur/date 07.19.00
Committee Action: Council Action

BURNS

03/27/98

D.H.

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERKCity Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3/26/98ENTERED - 4-9-98 - SB
98L0242 - GWEN BURNS

00-R-1155

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ N/A property and/or \$ 5000⁰⁰ bodily injury for which I contend the City is liable.1. Date of incident: 9/29/97 2. Time of Incident: 1225 3. Police called: Yes No
(month/day/year)4. Location of incident (including street address): Ellenwood Ave + Bragg St., N.E., Atlanta5. Name of your insurance company: NONE Policy No. N/A6. State what and how incident occurred: Cf. attached police report. Officer Weaver was in hot pursuit without any siren flashing and no flashing lights. I was seated at a traffic light. I received personal injury & incurred medical bills - at Crawford Long Hospital (E/R), OCT 1, 1997, about \$300⁰⁰ and one visit to Midtown Physical Rehabilitation, etc., @ \$245⁰⁰ & lost 3 days from work at Eberly Univ.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: I didn't own the vehicle I was driving.
(Make) (Year) (Tag Number) (Driver's Name)City vehicle: FORD Donald Weaver Atlanta Police Patrol
(Make) (City Driver's Name) (Department/Bureau)9. Witness: Partner in the accident. _____
(Name) (Address) (Telephone Number)

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant: [Signature]I, Jonny L. Andrews
do hereby swear90 CHARLES MUSKETT, ESSY.
1603 CLEVELAND AVE.Jonny Leon ANDREW ANDREWS
(Print Claimant's Name) 303141970 NASH AVENUE
(Address)Atlanta, Ga. 30316
(City, State and Zip Code)